

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579620

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1					
2						
3						
4						
5						
6						
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	51					
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70					1	
71						1
72						1
73						1
74					1	1
75					1	
76					1	
77						1
78						1
79						1
80						1
81						1
82						1
83						1
84						1
85					1	1
86						1
87					1	1
88						1
89						1
90					1	1
91						1
92						1
93						1
94						1
95						1
96						1
97						1
98						1
99						1
100						1
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS					21	